

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040592

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 245

FILED NOV 1 1963

VS.300
Rev. 4/59

1 6595

2 0170

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4 0

5 1

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7 0

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10 3

11 013

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 7 days	c. CITY OR TOWN Braymer, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Carroll County
3. NAME OF DECEASED (Type or print) First Middle Last Virgil Andrew Wooden		4. DATE OF DEATH Month Day Year 10/26/63	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/16/98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (last birthday) 65
13a. FATHER'S NAME James M. Wooden		14. NAME OF HUSBAND OR WIFE Leonie Wooden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 0	
17. INFORMANT Leonie Wooden Braymer, Mo.		18. CAUSE OF DEATH (Enter only one cause plus contributing conditions) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia due to Crushed Chest (multiple rib fractures) DUE TO (b) due to Tractor turning over on driver DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Tractor falling on deceased	
20c. TIME OF INJURY Hour - 4 p.m. Month, Day, Year 10-19-63	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		20f. CITY, TOWN, OR LOCATION Braymer	COUNTY Carroll
21. I attended the deceased from Oct 19, 1963 to Oct 26 and last saw him alive on Oct 25 Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) D. M. Dowell, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/28/63	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
24. FUNERAL DIRECTOR Mead-Pitts		25. DATE RECD. BY LOCAL REG. Oct 29, 1963	26. REGISTRAR'S SIGNATURE Annalee Taylor
23d. LOCATION (City, town, or county) Braymer, Mo.		22c. DATE SIGNED 10-29-63	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DR. DOWELL

Date handed to Dr. 10/27/63
 Date rec'd from Dr. 10/29/63
 Date duly signed Oct. 29, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed John W. Pith

Licensed Embalmer No. 5074

P. O. Address Brynes, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.